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# North Carolina AIDS Drug Assistance Program

## Program Manual

NC Department of Health and Human Services  
Division of Public Health, Epidemiology Section  
Communicable Disease Branch

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The North Carolina AIDS Drug Assistance Program (ADAP) uses a combination of state and federal funds to provide eligible low-income residents of North Carolina with essential medications for the treatment of HIV, related conditions, and other co-morbidities, as well as prevention and/or treatment of related opportunistic infections.

### **Payer of Last Resort**

ADAP is intended to fill gaps in HIV treatment and serve as the payer of last resort. Federal guidelines do not allow any item or service to the extent that payment has been made or can reasonably be expected to be made by another payment source.

### **ADAP Eligibility**

To be eligible for ADAP, individuals must:

- be HIV positive,
- reside in North Carolina,
- have a gross family income that is equal to or less than 300 percent of the Federal Poverty Guidelines (see Appendix F).

ADAP is not available for individuals with private health insurance, employer sponsored health insurance, or Medicaid.

### **ADAP Sub-Programs**

There are three sub-programs within ADAP that pay for medications:

1. **APP:** The **ADAP Pharmacy Program** purchases medications directly from a contracted Pharmaceutical Wholesaler (Cardinal Health) and distributes medications through a contracted Dispensing Pharmacy (Walgreens).
2. **SPAP:** The **State Pharmaceutical Assistance Program** uses a Pharmacy Benefits Manager (Ramsell Corp.) to coordinate with Medicare Prescription Drug Plans to pay all out of pocket costs for any medications covered by the primary Medicare Prescription Drug Plan (Medicare Part D Plan or Medicare Advantage Plan).
3. **ICAP:** The **Insurance Copayment Assistance Program** uses a Pharmacy Benefits Manager (Ramsell Corp.) to coordinate with Qualified Health Plans purchased on the Federal Marketplace (Healthcare.gov) to pay all out of pocket costs for any medications covered by the primary Qualified Health Plan.

### **The ADAP Pharmacy Program (APP)**

APP is the sub-program within ADAP that serves clients who are uninsured. APP uses a dispensing pharmacy (Walgreens) to distribute medications to clients. There is no cost for medications on the APP formulary but APP clients are responsible for the full cost of medications not included on the APP formulary. See Appendix D for the complete list of medications covered by APP.

### **APP Specific Eligibility:**

Although APP is intended for uninsured clients, underinsured clients may also be eligible. Underinsured is defined as a lack of other resources to pay for prescribed HIV

medications, or documented gaps in third party coverage for medications (See Appendix G).

Individuals with the following types of insurance are eligible for ADAP and will be served through APP:

- Insurance plans with no prescription coverage.
- Insurance plans that only offer a prescription discount card.
- Insurance plans that do not cover HIV medications.
- Insurance plans with prescription caps at or below \$1,200.
- Insurance plans with prescription caps greater than \$1,200, but only after the individual has spent down the benefit to below \$1,200 dollars.
- Medicaid benefits that do not include prescription coverage.

### **APP Prescription Processing and Regular Medication Dispensing Process**

Walgreens is the contracted dispensing pharmacy for APP. APP prescriptions are filled and mailed from Walgreens locations in Durham and Charlotte. APP clients can also pick up their medications at any of the Walgreens locations in the APP pharmacy network. See Appendix B for the list of Walgreens locations in the APP Pharmacy Network.

Upon enrollment, Walgreens will contact new clients to establish a mailing address or identify a medication pickup location. The regular medication dispensing process is for Walgreens to dispense a 30-day supply of medications on a monthly basis. Walgreens will call each APP client before filling prescriptions and mailing/dispensing monthly medications. Walgreens will not dispense to clients if they are unable to reach the client by phone. Walgreens will only mail medications to verifiable addresses in North Carolina. APP clients should notify the pharmacy if there has been a change in contact information, mailing address, prescriptions, or refill preferences.

Prescriptions for APP clients can be sent to any Walgreens Pharmacy in the APP Pharmacy Network but the fastest/preferred method would be for prescribers to send prescriptions electronically to Walgreens Store # 16405. See appendix B for the APP Pharmacy Network.

### **APP Delivery Exception Requests**

Delivery Exceptions are defined as any dispense that falls outside the usual 30-day supply mailed to a North Carolina address (Early Refill, Reshipment, Greater than 30 day supply, Out of State Shipment). APP clients or their case manager should notify the pharmacy in advance if they are requesting more than a 30-day supply of medications or a temporary change to their established delivery address or normal pick up location.

**Important Reminders about Delivery Exception Requests:**

- Decisions to approve or deny Delivery Exception Requests will be made on a case by case basis.
- The program will not allow dispenses past a client's current enrollment end date. For example, if a client's authorization end date is March 31 and they request a 90 day dispense in February the request will be denied.
- The program will not allow more than 90 days of exceptions within a six-month authorization period (one 60 or 90-day supply, up to 90-day supply shipped out of state) unless there are documented extenuating circumstances and the ADAP Coordinator or their designee has approved the request.
- The program may not approve multiple requests during a six-month coverage period.
- Medications cannot be mailed to addresses outside the United States.

**The State Pharmaceutical Assistance Program (SPAP)**

SPAP is the sub-program within ADAP that use a Pharmacy Benefits Manager (Ramsell Corp.) to pay all out of pocket costs for all medications covered by a Medicare Part D Plan or Medicare Advantage Plan. There are no costs for medications covered by a Medicare Prescription Drug Plan or Medicare Advantage Plan. SPAP clients are responsible for paying their monthly insurance premiums and non-pharmacy copayments/deductibles. The SPAP formulary follows the primary insurance plan (See Appendix E). As a secondary payer, SPAP will pay all out of pocket costs for any pharmacy claim allowed by the primary insurance plan.

**SPAP Specific Eligibility:**

- ADAP eligible clients who are also eligible for Medicare are required to enroll in a Medicare Prescription Drug Plan or a Medicare Advantage Plan. Clients have 60 days to enroll in a Medicare Part D plan once identified as eligible but not enrolled in a Medicare Part D plan. Clients who drop or lose their Medicare Part D coverage that were previously allowed 60 days for enrollment will only receive 5 days to re-enroll in a Medicare Part D plan once identified as no longer enrolled in a Medicare Part D.
- ADAP eligible clients who are also eligible for Medicare and have income at/below 150 percent of the Federal Poverty Guidelines are required to apply for the Low-Income Subsidy (LIS) or 'Extra Help', if they are not automatically eligible, through the Social Security Administration. Individuals who are eligible for both Medicare and Medicaid are automatically eligible for LIS. More information about LIS is available at [www.ssa.gov](http://www.ssa.gov).

- Individuals with Medicaid benefits that assist with Medicare premiums but do not assist with prescription coverage are eligible for ADAP and will be served through SPAP.

### **SPAP Prescription Processing and Regular Medication Dispensing Process**

When an SPAP client fills a prescription for a covered medication, the pharmacy bills the primary insurance plan (Medicare Prescription Drug Plan or Medicare Advantage Plan), and then bills SPAP as the secondary payer through Ramsell Corp.

SPAP clients will receive a Supplemental Prescription Benefits Card from Ramsell after their SPAP coverage starts. SPAP clients filling prescriptions at one of the Walgreens locations included in the APP pharmacy network (See Appendix B) will receive monthly calls from Walgreens before receiving a 30-day supply of medications. Walgreens will not dispense to clients if they are unable to contact the client by phone. SPAP clients can also fill their prescriptions at any other pharmacy included in the SPAP pharmacy network (See Appendix C). SPAP clients that fill their prescriptions at pharmacies outside of the APP pharmacy network must provide their primary insurance card and their SPAP Supplemental Prescription Benefits Card from Ramsell to the pharmacist. SPAP clients that fill their prescriptions outside of the APP pharmacy network should opt into that pharmacy's refill reminder program because they will not receive monthly calls from Walgreens.

Prescriptions for SPAP clients should be sent directly to a pharmacy in the SPAP Pharmacy Network that is also in the primary insurance plan's (Medicare Prescription Drug Plan or Medicare Advantage Plan) pharmacy network.

### **SPAP Prescription Processing Exceptions**

As a secondary payer, SPAP will pay the out of pocket costs for any pharmacy claim allowed by the SPAP client's Medicare Prescription Drug Plan. The allowable days' supply, delivery address, or pharmacies used to fill the prescriptions are all dependent on the primary insurance plan's (Medicare Prescription Drug Plan or Medicare Advantage Plan) rules and limits.

### **The Insurance Copayment Assistance Program (ICAP)**

ICAP is the sub-program within ADAP that use a Pharmacy Benefits Manager (Ramsell Corp.) to pay all out of pocket costs for all medications covered by a Qualified Health Plan purchased on the Federal Marketplace (healthcare.gov). There are no costs for medications covered by a Qualified Health Plan. ICAP clients are responsible for paying their monthly insurance premiums and non-pharmacy copayments/deductibles. The ICAP formulary follows the primary insurance plan (See Appendix E). As a secondary



payer, ICAP will pay all out of pocket costs for any pharmacy claim allowed by the primary insurance plan.

### **ICAP Specific Eligibility**

ADAP eligible clients who are enrolled in a Qualified Health Plan purchased on the federal marketplace are eligible for ICAP.

### **ICAP Prescription Processing and Regular Medication Dispensing Process**

When an ICAP client fills a prescription for a covered medication, the pharmacy bills the primary insurance plan (Qualified Health Plan) and then bills ICAP as the secondary payer through Ramsell Corp.

ICAP clients will receive a Supplemental Prescription Benefits Card from Ramsell after their ICAP coverage starts. ICAP clients filling prescriptions at one of the Walgreens locations included in the APP pharmacy network (See Appendix B) will receive monthly calls from Walgreens before receiving a 30-day supply of medications. Walgreens will not dispense to clients if they are unable to contact the client by phone. ICAP clients can also fill their prescriptions at any other pharmacy included in the SPAP and ICAP pharmacy network (See Appendix C). ICAP clients that fill their prescriptions at pharmacies outside of the APP pharmacy network must provide their primary insurance card and their ICAP Supplemental Prescription Benefits Card from Ramsell to the pharmacist. ICAP clients that fill their prescriptions outside of the APP pharmacy network should opt into that pharmacy's refill reminder program because they will not receive monthly calls from Walgreens.

Prescriptions for ICAP clients should be sent directly to a pharmacy in the SPAP/ICAP Pharmacy Network that is also in the primary insurance plan's (Qualified Health Plan) pharmacy network.

### **ICAP Prescription Processing Exceptions**

As a secondary payer, ICAP will pay the out of pocket costs for any pharmacy claim allowed by the ICAP client's Qualified Health Plan. The allowable days' supply dispensed, delivery address, or pharmacy used to fill the prescriptions are all dependent on the primary insurance plan's (Qualified Health Plan) rules and limits.

### **Switching Clients between APP, SPAP, and ICAP**

Interviewers are expected to inform the ADAP Office immediately when they become aware that a client's insurance situation has changed so the client can be transitioned to the appropriate ADAP sub-program.

## **ADAP Application Process**

All ADAP applications are processed by Purchase of Medical Care Services (POMCS). POMCS determines eligibility and authorizes services for programs administered through the North Carolina Department of Health and Human Services' Division of Public Health. Applications must be submitted by an Interviewer, not the applicant. The Interviewer may be the applicant's HIV case manager, social worker, clinician, or anyone else working in an official capacity on the applicant's behalf. An individual who wants to apply for ADAP should contact their clinician, their HIV case manager, one of NC's HIV Regional Networks, a local health department, an AIDS Service Organization or the ADAP Office.

*Step 1:* The applicant will provide all required documentation of income and North Carolina residence to the Interviewer.

*Step 2:* The Interviewer, with the assistance of the applicant, will complete DHHS Form 3014/3056. The Interviewer and the applicant must sign DHHS Form 3014/3056. The current version of DHHS Form 3014/3056 can be found on the [ADAP Website](#); POMCS will not accept outdated versions of any forms.

*Step 3:* The Interviewer will obtain a signature from the applicant's clinician. A clinician is defined as a physician, physician assistant, nurse practitioner, clinical nurse specialist, or other health care professional certified in their jurisdiction to provide medical care and prescribe medications.

*Step 4:* The Interviewer will mail the completed application packet (DHHS Form 3014/3056 and documentation of income, and residence) to POMCS. The completed/signed application and accompanying documentation must be mailed to POMCS at 1907 Mail Service Center; Raleigh, NC 27699-1900. POMCS may request additional information to determine eligibility. Applications for each individual must have DHHS Form 3014/3056 and all accompanying documentation bound together and separated from other individual applications mailed concurrently. Applications cannot be faxed to POMCS unless Interviewers are instructed to do so by POMCS staff or the ADAP Office. Applications faxed without prior approval will not be reviewed. It is critical that all forms and documents be complete and legible.

*Step 5:* POMCS will determine eligibility within 45 days of receipt of an application. Once eligibility is determined, POMCS will send a Reply to Authorization Request Letter to the client and the Interviewer notifying them of the status of the application (approved, denied, pended, or wait listed if a waiting list has been implemented). Interviewers can call the ADAP office 15 business days after submitting an application to check on its status if they have not received a Reply to Authorization Request Letter. ADAP staff will respond to voicemails within 24 hours.

## **New Applications**

A new application is defined as an application for an individual that is not currently enrolled in ADAP, regardless of prior enrollment history. Individuals previously enrolled but not currently enrolled in ADAP are considered new applicants. Depending on when

an application is processed, new applicants will be approved for up to nine months for the first coverage period.

### **New Application Requirements**

1. DHHS Form 3014/3056
2. Documentation of Income
3. Documentation of Residence

### **Renewal Applications**

A renewal application is defined as an application for a client that is currently enrolled in ADAP (or was enrolled in ADAP at the time the application was submitted) and is applying to renew their eligibility for the next coverage period. All current enrollees are required to renew eligibility twice yearly, between January and March and between July and September, regardless of when they first applied for ADAP. Even clients that enrolled in ADAP days before the next renewal period begins are required to renew once the next renewal period starts. During renewal periods, it is particularly important to include the client's ADAP Case Number in box 2 of DHHS Form 3014/3056 to ensure the application is processed as a renewal. The client's ADAP case number can be found on the Reply to Authorization Request Letter from POMCS for the previous application. Case managers can call the ADAP office if a client's case number is not known.

Renewal applications must be signed and dated during the renewal period dates (between January 1 and March 31 during Winter Recertification and between July 1 and September 30 during Summer Recertification). Renewal applications signed and dated before or after the renewal period dates will not be accepted by POMCS.

### **Schedule for Renewal Periods and Corresponding Coverage Periods**

<b>Renewal Period</b>	<b>Renewal Period Dates</b>	<b>Priority Deadline</b>	<b>Coverage Period Dates</b>
Winter Recertification	Jan. 1 to March 31	Feb. 15	April 1 to Sept. 30
Summer Recertification	July 1 to Sept. 30	Aug. 15	Oct. 1 to March 31

Renewal applications received at POMCS by the priority deadline will be processed and approved before the next coverage period starts, provided they are complete, correct, and determined to be eligible.

Submissions that are received at POMCS by the priority deadline that are pended because they are incomplete or incorrect might not be approved before the next coverage period starts.

Pended renewal applications that are not resolved by the priority deadline might not be processed before the next coverage period starts.

Renewal applications received at POMCS after the priority deadline might not be processed before the next coverage period starts.

Clients who experience a gap in ADAP coverage should pursue assistance from a medication manufacturer sponsored Patient Assistance Program or another medication assistance program.

### **Renewal Requirements during Summer Recertification**

The requirements for summer recertification are the same as the requirements for new applications.

1. DHHS Form 3014/3056
2. Documentation of Income
3. Documentation of Residence

### **Renewal Requirements during Winter Recertification**

The requirements for Winter Recertification differ from the requirements for new applications and Summer Recertification applications. The requirements for Winter Recertification are dependent on each client's situation.

1. DHHS Form 3014/3056
2. Documentation of Income *if there has been a change in income*
3. Documentation of Residence *if there has been a change in residence*

### ***Determining if Income has Changed for the Purpose of Winter Recertification***

Documentation of income is only required during Winter Recertification if there has been a change in income, as defined by the table below. To determine if income has changed and if documentation of income is required, compare the client's income from their last application to their income at the time DHHS Form 3014/3056 is completed and signed. Use the table below to determine when a change in income has occurred.

Documentation of income:

- Is required when a change in income (based on the table below) has occurred.
- Is not required if there is no change in income (based on the table below).

<b>Income on Previous DHHS Form 3014/3056 Gross Income % FPL</b>	<b>Income on Current DHHS Form 3014/3056 Gross Income % FPL</b>	<b>Change in Income Occurred?</b>	<b>Documentation of Income Required?</b>
<100%	<100%	No	No
<100%	100% - 300%*	Yes	Yes
101% - 200%	101% - 200%	No	No
101% - 200%	<101% or >200%	Yes	Yes
201% - 300%	201% - 300%*	No	No
201% - 300%	<201%	Yes	Yes

\*If a client's income increases to greater than 300% FPL, they are no longer eligible for ADAP.

***Determining if Residence has Changed for the Purpose of Winter Recertification***

Documentation of residence is only required during Winter Recertification if there has been a change in address. To determine if the client's address has changed, compare the client's address from their last application to their address at the time DHHS Form 3014/3056 is completed and signed. Documentation of residence is required when the address has changed. Documentation of residence is not required if the address has not changed. The address on the documentation of residence must match the address provided in boxes 17 and 18 of DHHS Form 3014/3056.

***Late Renewal Applications***

Renewal applications that have been completed, signed, and dated during the renewal period dates (between January 1 and March 31 during Winter Recertification and between July 1 and September 30 during Summer Recertification) and received at POMCS after the renewal deadline will be accepted and processed during the first 30 days of the next coverage period. After 30 days, new applications are required.

**Completing DHHS Form 3014/3056**

The following information is intended to help Interviewers complete DHHS Form 3014/3056. See page 4 of the form for more instructions.

**Client Identifiers (Boxes 1 to 4)**

The applicant must provide their name and date of birth as they appear on the documentation of income and residence that will be submitted with the application. Current ADAP clients must provide their POMCS/ADAP Case Number in box 2. Applicants that were previously enrolled in ADAP should provide their original POMCS/ADAP Case Number, if available; applicants with no previous ADAP enrollment should enter "NA". Applicants with a valid Social Security Number are required to provide it in box 3. Applicants without a valid Social Security Number should enter "NA" (do not provide a different type of identification number or make up a nine-digit number).

**Program and Diagnosis Code (Boxes 5 and 6)**

Boxes 5 and 6 are prepopulated. No other information is required.

**Application Type/Requested Dates of Service (Box 7)**

Typically, the ADAP coverage period begins on the day an application is approved. ADAP does not allow retroactive approval but applicants can request a delayed start date for the following reasons:

- The applicant has prescription coverage through a private insurance plan, an employer sponsored insurance plan, Medicaid, a clinical trial, or another medication assistance program on the date they apply for ADAP and can provide

proof that the prescription coverage will expire within 30 days of the application date.

- The applicant is incarcerated (in prison or jail) on the date they apply for ADAP and can provide proof that they will be released within 30 days of the application date.

Requests for delayed start dates require documentation that clearly states the date the applicant will become eligible for ADAP. Include an explanation and the requested start date in box 7. POMCS may request additional information before eligibility can be determined.

### **ADAP Sub-Program (Box 8)**

APP should be selected if the applicant is uninsured. SPAP should be selected if the applicant is enrolled in a Medicare Prescription Drug Plan or Medicare Advantage Plan. ICAP should be selected if the applicant is enrolled in a Qualified Health Plan purchased on the Federal Marketplace.

### **Client Demographics (Boxes 9 to 12)**

For each demographic question, indicate the category the client identifies closest with.

### **Incarcerated Clients (Box 13)**

Individuals detained by a local detention center (county jail) may be eligible for ADAP. Individuals in State or Federal prisons are not eligible for ADAP. Individuals that are housed in a local detention center but are in the custody of the State or Federal system (NC Department of Public Safety, ICE, US Marshalls, etc.) are not eligible for ADAP.

If the applicant is incarcerated; select “yes” in box 13 with the name of the county jail and provide the jail’s address in boxes 17 and 18. See the section on Incarcerated Individuals within this manual for more information about incarcerated individuals.

### **Residence, County, and Street Address (Boxes 14 to 18)**

The applicant must verify that they are a resident of North Carolina in box 14, provide the name of their county of residence in box 15, and the corresponding county code in box 16 (county codes are listed on page three of DHHS Form 3014/3056). The address provided in boxes 17 and 18 must match the documentation of residence submitted with the application. Applicants must provide a verifiable North Carolina street address in boxes 17 and 18. All correspondence from ADAP and POMCS will be mailed to the street address provided in boxes 17 and 18 unless an alternate address is provided in Box 20.

### **Telephone Number (Box 19)**

Provide an active telephone number where the applicant can be reached in box 19. The pharmacy and/or ADAP Office will call clients monthly to arrange medication deliveries.

**Mailing Address (Box 20)**

Applicants can provide an alternate address if they do not want mail sent to the address provided in boxes 17 and 18. Applicants can use their case manager or clinician's address if privacy is a concern and no other alternative address is available. The only way to prevent mail from being sent to the address provided in boxes 17 and 18 is to provide an alternate address in box 20.

**HIV Diagnosis and Status (Boxes 21 and 22)**

The applicant must provide their HIV diagnosis date in box 21 and HIV status in box 22 to the best of their ability. Select unknown if either is unknown.

**Tobacco Use (Box 23)**

The applicant is required to indicate if they have used tobacco products four or more times per week in the past six months in box 23.

**Hepatitis C (Box 24)**

The applicant is required to indicate if they have a current diagnosis for hepatitis C. A current diagnosis for hepatitis C is defined as 'actively infected', with a detectable hepatitis C viral load. Patients who have a prior diagnosis that have cleared naturally or were treated and reached cure (SVR12), should select "No" in box 24.

**Housing Arrangement (Box 25)**

POMCS and ADAP do not require this information but some Interviewers may find it helpful to record the housing arrangement here for Ryan White Part B eligibility purposes.

**Countable Family Members (Box 26)**

In completing the income portion of DHHS Form 3014/3056, the Interviewer must provide the number of countable family members in box 26, as defined below. This figure may differ from the number of persons actually residing in the home. The applicant must be included in this count.

Countable Family Members are defined by the North Carolina Division of Public Health as individuals that:

- are related to the applicant by blood, marriage or adoption, and
- reside in the same household as the applicant, and
- share financial responsibilities with the applicant.

With these standards in mind, if the applicant is less than 18 years old and unmarried, the following persons should be counted:

- Applicant
- Parents or Step-Parents of the applicant
- Siblings or Half-Siblings of the applicant
  - If they are unmarried and less than 18 years old



- If they are 18 years old or older and have no income
  - If they are married and neither they nor spouse have income
- Step-Siblings of the applicant
  - If they are without income and their biological parent is counted
- Other individuals living in the household who are related to the applicant by blood, marriage or adoption and do not report any income. Other individuals are not counted if they have a parent or spouse with income living in the same household. The term “other individuals” refers to members of the applicant’s extended family.

If the applicant is 18 years old or older, or less than 18 years old and married, the following persons should be counted:

- Applicant
- Spouse of the applicant
- Children of the applicant
  - If they are unmarried and less than 18 years old
  - If they are 18 years old or older and have no income
  - If they are married and neither they nor spouse report income
- Step-Children of the applicant
  - If they have no income
- Parents of the applicant
  - If they live with and are supported by the applicant
- Other individuals living in the household who are related to the applicant by blood, marriage or adoption and do not have any income. Other individuals are not counted if they have a parent or spouse who reports income living in the same household. The term “other individuals” refers to members of the applicant’s extended family.

### **Income (Boxes 27 and 29)**

For each countable family member counted in box 26 (including the applicant), provide the following information in box 27. Interviewers can include a separate sheet if more room is needed but all required information must be provided and labeled clearly.

- Name and relationship to the applicant
- income formula used
- all sources of income and employment dates
- gross and net income

The **REGULAR INCOME FORMULA** (Formula R) on DHHS Form 3014/3056 is applied when wage earners were continuously employed during the previous 12 months or when the source of unearned income was consistent during the previous 12 months (e.g. Social Security). To calculate income based on this formula:

1. Add income received from all sources during previous 12 months
2. Subtract allowable deductions from previous 12 months



When computing income using tax returns, the applicant's gross income is determined by referencing the line that is labeled "total income" on IRS Form 1040. For those who are self-employed or who farm, allowable expenses/losses are included in this figure. The comparable figure on IRS Form 1040 EZ is labeled "adjusted gross income".

The **UNEMPLOYMENT INCOME FORMULA** (Formula U) on DHHS Form 3014/3056 is an alternative method of calculating income. The purpose of the formula is to allow for changes in income that affect an applicant's ability to pay for medication. It must be used when wage earners are unemployed on the application start date or have been unemployed for at least 30 consecutive days during the previous 12 months. This formula is also used when the applicant has transitioned from earned income to unearned income, transitioned from unearned income to earned income, or when earnings have changed due to a change in employment, salary, or work schedule. Examples of unearned income include Unemployment, Social Security retirement benefits, or Social Security disability benefits. To calculate income based on this formula:

1. Add actual income earned during previous six months and projected income for future six months
2. Subtract allowable deductions during previous six months and those projected for the future six months, if known (if future deductions are not known, substitute allowable deductions from the past 12 months)

The projected income is based on the applicant's most recent or anticipated salary. Projected income may be equal to zero if still unemployed. When the Unemployment Formula is used, the Interviewer should specify the dates of unemployment in Box 28 on DHHS Form 3014/3056.

The start date for calculating income is based on the date DHHS Form 3014/3056 is signed. Gross income is computed by adding income earned/received by countable family members during the twelve-month period prior to the date DHHS Form 3014/3056 is signed.

Income from the following sources should be counted:

- Salaries and wages.
- Payments from pensions and retirement accounts.
- Earnings from self-employment.
- Workers' Compensation.
- Interest earned on investments.
- Educational stipends *in excess* of the cost of tuition, fees, books, supplies, and equipment. Stipends are commonly referred to as scholarships or fellowships and are not the same as a student loan.
- Periodic trust fund payments.
- Funds provided by a public assistance program.
- Allowances paid for basic living expenses.
- Unemployment compensation.
- Social Security income.\*
- Alimony and child support payments.

- Veteran's Administration benefits.
- Military allotments.
- All other sources of cash income except those specifically excluded below.

\* If applicant receives Social Security benefits, their most recent Social Security income letter must be submitted with the application.

Income from the following sources should NOT be counted:

- Income tax refunds.
- Proceeds from the sale of an asset.
- Withdrawals from a bank account.
- Gifts.
- Inheritances.
- Life insurance proceeds.
- One time settlements.
- Loans (including student loans).

Gross income and net income are both required on all applications. POMCS uses gross income to determine eligibility, unless the program is managing a waiting list. The ADAP Office will occasionally implement a waiting list if the ADAP budget will not allow ADAP to operate at full capacity. When a waiting list is being utilized, POMCS will use net income (instead of gross income) to determine eligibility for the program and waiting list. See the section on Eligibility within this manual for more information about financial eligibility and the income scale.

Net family income equals the income earned minus allowable deductions. The start date for calculating income is based on the date DHHS Form 3014/3056 is signed.

The following medical and non-medical deductions should be counted:

- Federal and state income taxes
- Social Security withholdings
- Mandatory payroll deductions
- Work-related expenses
- Health insurance premiums
- Child day care expenses for any child less than 15 years of age and for any handicapped child regardless of age, if any parents work or are disabled
- Child support or alimony paid to support someone outside of the applicant's household
- Expenses for the care of a spouse who is physically or mentally unable to take care of themselves while the other spouse is at work
- Educational expenses incurred for the purpose of managing the disability of the applicant or any countable family member listed on Form 3014
- Medical expenses which fall into any of the following categories may be deducted from the family's income:
  - Medical and dental expenses paid/incurred by the applicant or any countable family member listed on Form 3014 during the previous twelve

- months that were not covered by insurance, Medicaid or Medicare and are not being requested through ADAP
- Payments made to medical and dental providers by the applicant or any countable family member listed on Form 3014 during the previous twelve months for services received in that twelve-month period
- Transportation costs incurred by the applicant or any countable family member listed on Form 3014 to obtain medical and dental care, based on the state's rate of reimbursement

When eligibility is based on net income, documentation of medical expenses is required if medical deductions exceed \$3,000 and is usually requested if the applicant has insurance or other third party coverage. POMCS will request documentation whenever deductions are questionable. To simplify the process, it is recommended that Interviewers document only those expenses that are required to meet the program's income guidelines and that they use the largest applicable payments and/or bills when calculating eligibility. The best forms of documentation are copies of medical bills, receipts, canceled checks or insurance statements. Documents that do not specify dates of service and payment will not be acceptable. In cases where documentation is not available, POMCS will accept a statement of medical expenses which includes the following information:

- date of service
- provider's name
- invoice amount
- amount paid by other third parties
- amount applicant owes after other third parties have paid

### **Means of Support (Box 28)**

Applicants must select all applicable means of meeting basic living needs. This must correspond with any other explanations provided with documentation of income submitted with DHHS Form 3014/3056.

### **Insurance (Boxes 30 to 32)**

All applicants are required to apply for any other public assistance that they may be eligible for, including Medicaid, Medicare, and the Social Security Low Income Subsidy (Extra Help) for Medicare. The status of these applications must be indicated in box 30 of DHHS Form 3014/3056.

Boxes 31 and 32 of DHHS Form 3014/3056 must be completed if the applicant or any countable family members have active private insurance or Medicare Part D coverage. Even if the applicant is not covered by the policy, all countable family members' health insurance information must be recorded on DHHS Form 3014/3056 to assist POMCS in verifying eligibility and medical expenses. Copies of all insurance cards must be submitted with DHHS Form 3014/3056.

Documentation must be submitted when an insurance plan either does not include prescription coverage or includes capped prescription coverage. This can be documented by a letter from the insurance company or relevant language from the insurance policy. ADAP will cover applicants with a prescription coverage cap of \$1,200 or less. Prescription coverage caps greater than \$1,200 must be spent down to below \$1,200 before an applicant is eligible for ADAP. Documentation, including proof of capped coverage and the amount expended towards the cap, is required. ADAP does not cover applicants with private insurance plans that have high deductibles or copays for medication (other than Medicare Part D, Medicare Advantage Plans and Qualified Health Plans purchased on the Federal Marketplace).

**Interviewer's Email (Box 33)**

The Interviewer is required to provide the email address provided to them by their agency.

**Interviewer's Information (Box 34)**

The Interviewer must provide their name, agency, contact information and the county code for the county their agency is in (see page 3 of DHHS Form 3014/3056 for county codes).

**Alternate Clinical/Professional Contact's Information (Box 35)**

Occasionally the pharmacy or ADAP Office will contact the Interviewer on file if there is a client specific issue or concern. The Interviewer should provide an alternate clinical/professional contact's name and phone number in box 35 of DHHS Form 3014/3056 if they prefer the pharmacy or ADAP Office to call someone else at their agency for client specific inquiries.

**Clinician's Information (Box 36)**

The Interviewer or clinician must provide the clinician's name, agency, contact information and the county code of the county their agency is located in (see page 3 of DHHS Form 3014/3056 for county codes).

**Signatures and Dates (Boxes 37 to 39)**

DHHS Form 3014/3056 must be signed by the applicant, the Interviewer and the clinician whose information is provided in box 36. A clinician is defined as a physician, physician assistant, nurse practitioner, clinical nurse specialist, or other health care professional certified in their jurisdiction to prescribe medications.

By signing DHSS Form 3014/3056:

- The applicant is attesting that they understand and agree to the terms and conditions described on page three of DHHS Form 3014/3056.
- The applicant and Interviewer are attesting that complete and truthful facts have been provided.
- The clinician is attesting that the applicant is HIV positive and has been written a prescription for a medication on the APP Formulary (See Appendix D).

POMCS requires recent (60 days) signatures. Applications received by POMCS with any signature older than 60 days will be denied. POMCS will accept electronic signatures from applicants, interviewers, and clinicians. Electronic signatures must include a date in the electronic signature; POMCS will not accept documents that have a combination of electronic signature and a handwritten date. POMCS will also accept stamped signatures from clinicians.

### **Required Documentation**

POMCS requires documentation of income and residence for all new applicants and Summer Recertification applicants. During Winter Recertification, POMCS only requires proof of income and/or residence if either has changed during the previous coverage period. POMCS cannot approve any application that is missing required documentation. This section of the manual describes the most common ways to meet the documentation requirements. Scenarios may arise that are not easy to document; POMCS and the ADAP Office will address these situations on a case by case basis. POMCS and the ADAP Office are unable to waive any documentation requirement but can help interviewers identify acceptable documents.

In cases where any documentation provided by the applicant is questionable, the Interviewer should attempt to verify the documentation before submitting to POMCS. Verification is a process whereby the validity of the documents presented is checked through another source (employer verification of wages, local DSS office verification, additional documentation, etc.).

### **Documentation of Income**

If the R income formula is used in box 27 of DHHS Form 3014/3056, documentation of income is required for the 12 months prior to the date DHHS Form 3014/3056 was signed. If the U income formula is used in box 27 of DHHS Form 3014/3056, documentation of income is required for the 6 months prior to the date DHHS Form 3014/3056 was signed.

If the income period spans two calendar years (this is typical), information from both years must be provided. Paycheck stubs must have year-to-date earnings and withholdings to be valid.

### ***Preferred Documentation of Income for Employed Applicants***

Employed applicants should provide the most recent paycheck stub (showing year to date income and deductions) and the income tax return for the previous calendar year for all sources of employment/income.

### ***Other Acceptable Documentation of Income for Employed Applicants***

If an employed applicant cannot provide a recent paycheck stub (showing year to date income and deductions) and the income tax return for the previous calendar year for all sources of employment/income, they should provide:

- the most recent paycheck stub (with year to date income and deductions) and the last paycheck stub from the previous year (with year to date income and deductions) for all sources of employment/income.
- the most recent paycheck stub (showing year to date income and deductions) and Form W-2 for previous year for all sources of employment/income.
- the most recent paycheck stub (showing year to date income and deductions) and Form 1099 for previous year (or most recent earning period if 1099 is not yearly) for all sources of employment/income.
- the most recent Social Security Benefits Letter (SA1099).

### ***Applicants with No Income (Zero Income)***

Unemployed applicants and applicants declaring zero income must describe their living circumstances and how they obtain basic living necessities such as food, shelter, medical care, clothing, and other basic needs in Box 28 on DHHS Form 3014/3056 and the Ryan White Part B & ADAP Verification of No/Low Income Sheet; both documents can be found on the [ADAP Website](#).

### ***Applicants with Low Income (125% of the Federal Poverty Guidelines)***

Low income is defined as income at or below 125% of the Federal Poverty Guidelines (See the section on Eligibility within this manual for the Federal Poverty Guidelines). Applicants declaring low income must describe their living circumstances and how they obtain basic living necessities such as food, shelter, medical care, clothing, and other basic needs in Box 28 on DHHS Form 3014/3056 and the Ryan White Part B & ADAP Verification of No/Low Income Sheet; both documents can be found on the [ADAP Website](#).

### ***Applicants with No Existing Documentation of Income***

The Ryan White Part B/ADAP Income Signature Card should be used when income cannot be documented. When using this method to document income, Interviewers must rely on professional judgment to ensure that it is consistently applied across all applicants with similar economic situations. The Ryan White Part B/ADAP Income Signature Card will be accepted when the applicant cannot provide any other proof of income because the applicant:

- is a victim of theft\*, loss\*, or disaster\*.
- is homeless.
- is a migrant farm worker.
- had to flee from a high-risk situation\* (victim of domestic violence or refugee) and subsequently left behind all documentation.
- is paid in cash and has no proof of income and/or employment.
- has an employer(s) who will not or cannot document the individual's income and/or employment.



- has very low income that cannot be documented (payment for odd jobs such as babysitting).

\*Applicants who use the Ryan White Part B/ADAP Income Signature Card because they were a victim of theft, victim of loss, victim of disaster, or had to flee a high-risk situation will be expected to provide a preferred or other acceptable form of income documentation by the next renewal period, unless they can document continued extenuating circumstances. Applicants who use the Income Signature Card for any other allowable reason are allowed to submit the Ryan White Part B/ADAP Income Signature Card more than once.

The Ryan White Part B/ADAP Income Signature Card will not be accepted for the following reasons:

- Failure to provide existing documentation of income. When an individual reports income but forgets or fails to bring existing proof of income, the individual is ineligible to receive Ryan White Part B and/or ADAP services until they provide existing documents. Income eligibility determination cannot be completed until existing documentation of income is provided.
- Zero Income or Low Income. If no income or low income is reported, the Verification of No/Low Income sheet should be used to document how basic living needs are met.

### ***Documentation of Income for Self-Employed Individuals***

Self-employed individuals are required to document income and may need to provide proof of self-employment to determine eligibility. It is critical that applicants who claim to be self-employed understand the implications of that claim. For the purpose of documenting income, an individual is considered 'Self-employed' if either of the following is true;

- The individual owns their own business of which they are also the primary or sole operator and can provide documentation to prove this.
- The individual is recognized as an 'Independent Contractor' by the IRS\* and can provide documentation to prove this.

\*The earnings of a person who is working as an Independent Contractor are recognized as Self-Employed by the Internal Revenue Service. Individuals who are in an independent trade, business, or profession in which they offer their services to the general public are generally considered Independent Contractors. However, whether they are recognized as an Independent Contractor or employee depends on specific details. The Internal Revenue Service's general rule is that an individual is an Independent Contractor if the payer only controls or directs the result of the work and not what will be done or how it will be done. Individuals are not recognized as an Independent Contractor if they perform services that can be controlled by an employer (what will be done and how/when it will be done). What matters is that an employer controls the details of how the services are performed. If an employer-employee relationship exists (regardless of what the relationship is called), the individual is not recognized as an Independent Contractor, and therefore they are not recognized as Self-Employed (even if they refer to themselves as self-employed).

It is important to remember that individuals who are paid in cash for hired services and who do not pay income taxes are not considered self-employed. These individuals should report undocumented income using the Income Signature Card (see the section on applicants with no existing documentation of income within this manual for more information about reporting undocumented income).

Individuals who are considered self-employed, as defined above, are required to provide their most recent tax return and complete the Verification of Self-Employment Income for Ryan White Part B/ADAP, which can be found on the [ADAP Website](#).

### **Documentation of Residence**

If the documentation of income provided includes the applicant's name and current address and they match the name and address provided in boxes 17 and 18 on DHHS Form 3014/3056, it will be sufficient for documentation of residence. Refer to the list below if documentation of residence cannot be established by the documentation of income and/or documentation of labs provided.

### ***Preferred Documentation of Residence***

A copy of a valid NC Driver's License or another State or Federal government issued identification card with name and home address is the best documentation of residence. The name and address must match the name and address provided in boxes 17 and 18 on DHHS Form 3014/3056.

### ***Other Acceptable Forms of Documentation***

If an applicant cannot provide a NC Driver's License or another State or Federal government issued identification card, they should provide:

- a copy of a recent (within 30 days of signing DHHS Form 3014/3056) utility bill, phone bill, or lease with the applicant's name and current address. The name and address must match the name and address provided in boxes 17 and 18 on DHHS Form 3014/3056.
- any documents from the applicant's clinician, case management agency, pharmacy, or other medical provider with the applicant's name and current address. The name and address must match the name and address provided in boxes 17 and 18 on DHHS Form 3014/3056.
- any correspondence from the ADAP Office, POMCS, the ADAP dispensing pharmacy, or the SPAP/ICAP Pharmacy Benefits Manager that contain the applicant's name and current address. The name and address must match the name and address provided in boxes 17 and 18 on DHHS Form 3014/3056.

### ***When No Documentation of Residence Exists***

When an individual reports that they reside in North Carolina but there is no documentation of residence, the Declaration of Residence for Ryan White Part B/ADAP must be used to document the situation. Applicants that submit the Declaration of Residence for Ryan White Part B/ADAP will be required to provide preferred or other acceptable documentation of residence by the next renewal period, unless there are documented extenuating circumstances. The Declaration of Residence for Ryan White Part B/ADAP can be found on the [ADAP Website](#).

### **Applications Completed by Multiple Agencies**

It is the responsibility of the Interviewer to ensure POMCS receives DHHS Form 3014/3056 and all required documents. If more than one agency is involved in the



applicant's care/application, it is the responsibility of the Interviewer that signs DHHS Form 3014/3056 to coordinate with other agencies and submit the complete application to POMCS. POMCS will not accept partial applications from multiple agencies.

### **ADAP/POMCS Mail and Fax Policy**

DHHS Form 3014/3056 and all required documentation must be mailed directly to POMCS, via the United States Postal Service, FedEx, UPS, etc. The address for POMCS is 1907 Mail Service Center, Raleigh NC 27699-1900.

When mailing multiple applications concurrently, each individual application must have DHHS Form 3014/3056, and all accompanying documentation bound together and separated from other applications. Applications cannot be faxed to POMCS unless Interviewers are instructed to do so by POMCS staff or the ADAP Office. Applications faxed without prior approval will not be reviewed. It is critical that all forms and documents be complete and legible.

The ONLY items that POMCS will accept by fax are:

- Applications for pregnant applicants (Notify the appropriate staff at POMCS first).
- Documents requested by POMCS to resolve a pending application. Only fax the items requested and the Reply to Authorization Request Letter with a fax cover sheet. Be sure to put the client's name, date of birth, and ADAP Case Number on all pages. Do not send information from multiple clients in one fax transmission.
- Documents/applications specifically requested by the ADAP Office or POMCS staff to be faxed.

### **Patient Confidentiality**

All documents containing IIHI (Individually Identifiable Health Information), PHI (Protected Health Information), or PII (Personally Identifiable Information) must be handled in a manner consistent with the policies of the agency managing the information and sending the application. Common forms of IIHI, PHI, and PII include name, date of birth, social security number, phone number, address, diagnosis, and driver's license number.

When mailing documents containing IIHI, PHI, or PII to POMCS, the Interviewer must act in a manner consistent with the policies of their agency. At a minimum, all documents should be placed in a sealed envelope, addressed to POMCS and include a return name and address. When mailing multiple applications in a single envelope, separate and staple each individual application.

When faxing documents containing IIHI, PHI, or PII to POMCS or the ADAP Office, the Interviewer must act in a manner consistent with the policies of their agency. At a minimum, all faxes must include a fax cover sheet and all pages must include client's name, date of birth, and ADAP Case Number on all pages. Do not include more than one applicant/client's information in one fax transmission.

Never include IIHI, PHI, or PII in unsecure emails. All emails to and from state employees become public record. Any email to POMCS or ADAP that contain IIHI, PHI, or PII will create a public record of that individual's HIV status that can be viewed by third parties. When emailing about an applicant or client, only include the ADAP Case Number. If the ADAP Case Number is unknown do not send an email.

POMCS and the ADAP Office have secure landlines and voicemails. Interviewers can call POMCS or ADAP to discuss applicant/client specific information or to leave messages with confidential information.

### **Reply to Authorization Request Letter**

The Division of Public Health's administrative rules require POMCS to process all applications within 45 days, but POMCS typically responds in less than 30 days. POMCS will send a Reply to Authorization Request Letter to the applicant and the Interviewer notifying them of the status of the application (approved, denied, pended, or wait listed if a waiting list has been implemented) after the application has been processed. Receipt of a Reply to Authorization Request Letter does not automatically mean the applicant is approved; recipients should read the entire letter. The Reply to Authorization Request Letter also specifies the applicant's ADAP Case Number, authorization number, and the coverage dates for approved clients. The Reply to Authorization Request Letter for pended and denied applications will include brief notes explaining why the application was pended or denied.

Interviewers can call the ADAP office 15 business days after submitting an application to check on the status if they have not received a Reply to Authorization Request Letter. ADAP staff will respond to voicemails within 24 hours. Interviewers and Applicants should not call POMCS to check the status of an application.

### **Pended Applications**

The Reply to Authorization Request Letter for pended applications provides brief explanations as to why the application was pended. Interviewers should call the processor at POMCS who reviewed the application for further information and/or guidance (See Appendix A for contact information). POMCS will respond to voicemails within 48 hours. The POMCS communication policy prohibits processors from talking directly with applicants/clients. Applicants/Clients should work directly with the Interviewer to resolve a pending application or call the ADAP Office for assistance.

Pended applications must be resolved within 60 days of the date it was originally pended. In order to resolve a pended application, the Interviewer must:

- Submit all items requested within 60 days of the date it was originally pended.
- Send all requested items (corrections, documents, etc.) to POMCS via fax at 919-715-5221, to the attention of the appropriate processor.
- Only fax the requested items and a copy of the Reply to Authorization Request Letter.

- Use a fax cover sheet and include the client's name, date of birth and ADAP Case Number on all pages of the fax (one fax per pended application).

The Interviewer must prepare and submit a new application packet if:

- More than 60 days have passed since the application was originally pended by POMCS.
- A new renewal period begins before the pended application is resolved (Winter Recertification starts on January 1, and Summer Recertification starts on July 1).

Client who experience a gap in ADAP coverage should pursue assistance from a medication manufacturer sponsored Patient Assistance Program (PAP) or another medication assistance program/foundation.

### **Client Grievance Policy**

New applicants or existing clients who experience difficulties during the application process or eligibility renewal process should contact the interviewer that prepared and submitted their application. Clients served through APP who experience difficulties filing prescriptions should contact Walgreens. Clients served through ICAP or SPAP who experience difficulties filling prescriptions should contact the pharmacy that fills their medications. All applicants and clients are encouraged to contact the ADAP Office if they ever have questions, concerns, or need assistance of any kind. Clients with complaints are encouraged to contact the ADAP Coordinator directly. Formal grievances can be submitted to the ADAP Office in writing and should include a summary of the complaint and a list of unresolved problems that need to be addressed.

### **Expedited Applications for Emergency Situations**

POMCS processes applications in a "First In, First Out" manner. Due to limited resources, exceptions to the standard process cannot be accommodated frequently. If there is an immediate need for medications, Interviewers should pursue assistance from a medication manufacturer sponsored Patient Assistance Program or another medication assistance foundation/program before requesting an expedited application. Information about Patient Assistance Programs can be found on the [ADAP Website](#).

Expedited applications will be considered for the following reasons:

- The applicant is pregnant. Requests for expedited processing for pregnant applicants should be directed to the appropriate processor at POMCS (see Appendix A.) POMCS will process these applications as a top priority, without further review from the ADAP Office.
- New applicants with a medically-documented immediate need for medication (i.e. acute HIV infection, new diagnosis with immediate need for medication, high viral load, presence of an opportunistic infection, already on ART and out of medications, hospitalized patients)

Late/Missed renewal applications will not be approved for expedited processing unless the applicant is pregnant.

The ADAP Office will evaluate requests for expedited applications on a case by case basis. The Interviewer should contact the ADAP Program Office by phone to briefly explain the situation and request that an application be expedited. If approved to submit a request for expedited processing by an authorized official in the ADAP Office, the ADAP Office will ask the Interviewer to fax a copy of the application and required documents to the ADAP Office for review.

The ADAP Office will evaluate the application for completeness and accuracy as well as confirm that prescriptions have been written and submitted to the pharmacy. The ADAP Office may also require a letter from a Clinician, and/or proof that the Interviewer pursued a PAP, depending on the situation.

Applications approved for expedited processing will typically be reviewed within 24 hours and medications will typically be available within 48 hours.

### **Incarcerated Individuals**

The State and Federal prison systems are responsible for providing medical care and treatment, including medication, for incarcerated individuals; individuals in State or Federal prisons are not eligible for ADAP. Individuals detained by a local detention center may be eligible for ADAP, but individuals that are housed in a local detention center and in State or Federal custody are not eligible for ADAP.

The North Carolina AIDS Drug Assistance Program's policy for serving individuals incarcerated in a local detention center is based on the following assumptions:

- Incarceration in a local detention center is temporary (impermanent or for an unknown amount of time).
- Individuals incarcerated in a local detention center are in transition (either back into the community or into the state or federal prison system).
- Most Local Detention Centers are not adequately funded to pay the high cost of medication for the treatment of HIV, related conditions, and other co-morbidities as well as prevention and/or treatment of related opportunistic infections.
- Individuals that meet all ADAP eligibility criteria and are incarcerated in a local detention center that documents inadequate funding for HIV related medications have no other means of obtaining medication.

The ADAP Office will evaluate new applicants and existing clients in local detention centers on a case by case basis. The local detention center must provide a Statement of Financial Need that documents the facility's inability to pay for HIV related medications. The Statement of Financial Need must explain why the facility cannot provide HIV related medications and must be printed on the facility's letterhead and signed by an authorized official (Jail Health Administrator, Medical Director, clinician,

Financial Officer, Operations Manager, etc.). Once approved by the ADAP Office, the Statement of Financial Need will cover all individuals incarcerated at that facility for up to 12 months from the date it was signed. Each local detention center is required to provide a new Statement of Financial Need annually (based on the date the previous Financial Statement of Need was signed).

All new applications must be mailed to POMCS. Applications for incarcerated clients will not be expedited. Clinical jail staff can serve as an Interviewer. The Interviewer must submit DHHS Form 3014/3056 with required documentation of income and residence. The Interviewer should indicate that the applicant is incarcerated and include the name of the detention center in box 13 of DHHS Form 3014/3056. The Interviewer should use the detention center's address in boxes 17 and 18 on DHSS Form 3014/3056. POMCS staff will work with the ADAP Office to obtain a copy of the Statement of Financial Need for the requesting facility. If necessary, the ADAP Office will contact the detention center to obtain a new or updated Statement of Financial Need.

Existing ADAP clients who become incarcerated do not need to reapply for ADAP until the appropriate eligibility renewal period begins. Existing ADAP clients cannot receive medications in a local detention center until the ADAP Office verifies that a Statement of Financial Need is on file for that facility. When necessary, the ADAP Office will contact the detention center to obtain a new or updated Statement of Financial Need.

Local Detention Centers are expected to coordinate medication deliveries with ADAP's contracted dispensing pharmacy when a client is deemed eligible to receive medications while housed in that facility. The Detention Center staff is required to follow the instructions within this manual with regards to completing and submitting applications for new applicants and renewing eligibility for existing clients. The Detention Center must inform the ADAP Office when an incarcerated client is released to the community, or custody is transferred to the State or a Federal system.

When processing applications for incarcerated individuals, POMCS screens for the standard eligibility criteria listed in the ADAP Eligibility Requirements section of this manual and the ADAP Office screens for the Local Detention Center's inability to pay for HIV related medications and the individual's incarceration/custody status. The ADAP Office uses the Department of Public Safety's Offender Public Information Search Portal as the primary source for determining if an individual is housed in the NC State prison system, specifically the "inmate status". The ADAP Office keeps a record of all Financial Statements of Need from Local Detention Centers. The ADAP Office will access the DPS Offender Public Information Search Portal and a variety of other inmate/offender search portals to identify and/or confirm incarceration/custody status on a regular basis and follow up directly with the Local Detention Centers as necessary.

**Changes to Client Information**

Interviewers are required to notify the appropriate office (POMCS or ADAP) if there has been any change in client information. POMCS is responsible for updating client data and requires documentation. If a client has a change in name, address (in state), phone number, employment, income, family size, etc., the Interviewer should mail or fax a written request to update the information on file, with applicable documentation, to the appropriate processor at POMCS immediately. See Appendix A for contact information.

**Correcting Client Information**

POMCS is responsible for correcting client information and requires documentation. The Interviewer should mail or fax a written request to correct the information on file (spelling of name, date of birth, etc.) with applicable documentation, to the appropriate processor at POMCS. See Appendix A for contact information.

**Change in Client Information (including when a client moves within NC)**

POMCS is responsible for updating client data and requires documentation. If a client has a change in name, address (in state), phone number, employment, income, family size, etc., the Interviewer should mail or fax a written request to update the information on file, with applicable documentation, to the appropriate processor at POMCS immediately. See Appendix A for contact information.

**Termination of ADAP Coverage****Termination When a Client Moves Out of NC**

North Carolina residence is an eligibility requirement for ADAP. Interviewers are expected to inform the ADAP Office immediately when they become aware that a client has moved to another state. The ADAP Office will work directly with POMCS to terminate the client's ADAP coverage as soon as they are made aware that a client no longer resides in North Carolina.

**Termination Due to Medicaid or Private Insurance**

ADAP is a payer of last resort. Individuals on Medicaid (unless also enrolled in Medicare) or any other source of insurance that includes prescription coverage (other than Medicare Part D or a Qualified Health Plan purchased on the Federal Marketplace) are ineligible for ADAP. Interviewers are expected to inform the ADAP Office immediately when they become aware that a client has enrolled in Medicaid or any other source of insurance that covers medications. The ADAP Office will work directly with POMCS to terminate the client's ADAP coverage as soon as they are made aware of another source of insurance coverage.

**Termination Due to Death**

Interviewers are expected to inform the ADAP Office immediately when they become aware that a client has passed away. The ADAP Office will work directly with POMCS to terminate the client's ADAP coverage as soon as they are made aware of the client's death.



## **Appendix A - Contact Information and Resources**

ADAP Website: <http://epi.publichealth.nc.gov/cd/hiv/adap.html>

ADAP Client Hotline (Messages will be returned within one business day):

- In State (Toll Free): 1-877-466-2232
- Out of State: 919-733-9161

Debra Bost, ADAP Client Services Project Manager

- (919) 546-1698, [debra.bost@dhhs.nc.gov](mailto:debra.bost@dhhs.nc.gov)

Iris Girard, ADAP Eligibility Specialist

- (919) 546-1702, [iris.girard@dhhs.nc.gov](mailto:iris.girard@dhhs.nc.gov)

Amanda Greene, ADAP Coordinator

- (919) 546-1691, [amanda.greene@dhhs.nc.gov](mailto:amanda.greene@dhhs.nc.gov)

Trisha Hailperin, Assistant ADAP Coordinator

- (919) 546-1692, [trisha.hailperin@dhhs.nc.gov](mailto:trisha.hailperin@dhhs.nc.gov)

Eleana Sessoms, ADAP Data Analyst

- (919) 546-1696 or [eleana.sessoms@dhhs.nc.gov](mailto:eleana.sessoms@dhhs.nc.gov)

Bridget Thomas, ICAP/SPAP Project Manager

- (919) 546-1697 or [bridget.thomas@dhhs.nc.gov](mailto:bridget.thomas@dhhs.nc.gov)

POMCS (applications are processed by the client's last name alphabetically):

- Sue Harrington, Unit Supervisor: (919) 855-3652
- Mike Benson: (919) 855-3666 Letters: A, D, L, M, P, R, V
- Mary Hardin: (919) 855-3670 Letters: C, E, F, J, K, N, O, Q, S, U, Y, Z
- Glenys Spencer: (919) 855-3665 Letters: B, G, H, I, T, W
- POMCS Address: 1907 Mail Service Center; Raleigh NC 27699-1907  
*All Applications must be sent by mail.*
- POMCS Fax Number: (919) 715-5221

Walgreens:

- Client Line: 1-800-573-3602
- Healthcare Professionals Line: 1-888-516-8003

Ramsell (SPAP & ICAP Pharmacy Benefits Manager)

- Pharmacy Help Desk: 1-888-311-7632

Information about Medicare Part D and the Low Income Subsidy (LIS)

- Medicare: <http://www.medicare.gov> or 1-800-633-4227
- Social Security: [www.ssa.gov](http://www.ssa.gov) or 1-800-772-1213
- Seniors' Health Insurance Information Program (SHIIP):  
<http://www.ncdoi.com/shiip/Default.aspx> or 1-855-408-1212

Information about Qualified Health Plans available on the Federal Marketplace

- [www.Healthcare.gov](http://www.Healthcare.gov)
- <https://careacttarget.org/ace/tools-and-resources>
- <http://www.ncgetcovered.org/>

## **Appendix B - APP Pharmacy Network**

**The APP Pharmacy Network is restricted to the following Walgreens Locations**

<b>Store #9458</b> 841 Merrimon Ave. Asheville, NC 28804 P (828) 225-5113 F (828) 225-5103	<b>Store #5761</b> 4701 South Blvd. Charlotte, NC 28217 P (704) 523-3227 F (704) 523-8468	<b>Store #11396</b> 2200 W. Sugar Creek Rd. Charlotte, NC 28262 P (704) 494-4878 F (704) 494-8407
<b>Store #16405*</b> 1500 E. 3 <sup>rd</sup> Street, Suite A Charlotte, NC 28204 P (704) 526-4651 F (704) 526-4653	<b>Store #16313*</b> 2816 Erwin Rd. Durham, NC 27705 P (919) 282-5553 F (919) 864-4900	<b>Store #12283</b> 300 E. Cornwallis Dr. Greensboro, NC 27408 P (336) 275-9471 F (336) 275-9477
<b>Store #6579</b> 671 S. Memorial Dr. Greenville, NC 27834 P (252) 754-2099 F (252) 754-2774	<b>Store #16420</b> 103 Commerce Dr., Suite 101 Huntersville, NC 28078 P (704) 912-2045 F (704) 912-2047	<b>Store #7549</b> 4408 New Bern Ave. Raleigh, NC 27610 P (919) 231-6419 F (919) 231-7568
<b>Store # 1319</b> 2130 S. 17 <sup>th</sup> Street Wilmington, NC 28401 P (910) 343-2988 F (910) 343-2950	<b>Store #7397</b> 2125 Cloverdale Ave. Winston-Salem, NC 27103 P (336) 723-0561 F (336) 723-0882	<b>Store #11692</b> 500 Fincher Street Monroe, NC 28112 P (704) 225-9010 F (704) 225-7179

*\*APP prescriptions delivered by mail will be shipped from Store #16405 or #16313.*

*APP clients can pick up medications at any of these locations; arrangements should be made in advance by calling Walgreens at 1-800-573-3602 (Client Line) or 1-888-516-8003 (Healthcare Professional Line).*



## **Appendix C - SPAP & ICAP Pharmacy Network**

**The SPAP & ICAP Pharmacy Network are restricted to the following pharmacies.**

<b>Pharmacy</b>	<b>Address</b>	<b>Phone</b>	<b>Fax</b>
*Accredo	1620 Century Center Pkwy, Memphis, TN 38134	901-385-3600	901-385-3780
*Aetna	503 Sunport Lane, Orlando, FL 32809	407-513-6400	866-329-2779
Beddingfield Drugs LLC	95 Springbrook Ave #101, Clayton, NC	919-553-6224	919-553-7805
CMC CarolinaCARE	1001 Blythe Boulevard, Charlotte, NC 28203	704-512-6057	704-512-6058
CMC Rx Medical Center	1001 Blythe Boulevard, Charlotte, NC 28203	704-355-6900	704-355-6903
CMC Rx Pavilion	920 Church Street North, Concord, NC 28025	704-403-1568	704-403-1784
*CVS Caremark Specialty	105 Mall Plaza Blvd, Monroeville, PA 15146	412-380-7021	412-825-8633
CVS Retail Locations	<a href="http://www.cvs.com/stores/">www.cvs.com/stores/</a>		
ECU	101 Heart Drive, Greenville, NC 27834	252-744-4680	252-744-3804
Family Care Specialty	10227-B University City Blvd, Charlotte, NC, 28213	704-688-5330	704-510-4311
Gurley's/NC Vedic	114 W Main St, Durham, NC 27701	919-606-7574	919-688-8072
Health Park Pharmacy	8300 Health Park Ste 227, Raleigh NC 27615	919-847-7645	919-847-7641
Holly Springs Pharmacy	648 Holly Springs Road, Holly Springs, NC 27540	919-346-6689	919-346-6691
Josefs Pharmacy	2100 New Bern Ave, Raleigh, NC 27610	919-212-2555	919-212-2550
Josefs Pharmacy 2	3421 North Roxboro St, Durham, NC 27704	919-680-1540	919-680-1541
Main Street Pharmacy	213 W Main Street, Durham, NC 27701	919-688-1368	919-682-3191
MedExpress Pharmacy	1431 West Innes Street, Salisbury, NC 28144	800-633-3977	800-615-0075
*OPTUMRX	6800 West 115TH Ste 600, Leawood, KS 66211	913-253-0600	913-253-0643
Rx Clinic Pharmacy	7308 E independence Blvd, Charlotte NC 28227	704-537-0909	704-537-0947
Rx Clinic Pharmacy #2	6010 E WT Harris Blvd, Charlotte, NC 28215	704-900-2832	704-869-2821
UNC Ambulatory Pharmacy	102 Mason Farm Road, Chapel Hill, NC 27599	984-974-5705	984-974-5864
UNC Central Outpatient	101 Manning Drive, Chapel Hill, NC 27514	984-974-2374	984-974-8586
UNC Employee Pharmacy	101 Manning Drive, Chapel Hill, NC 27514	919-966-5415	866-511-0334
UNC Shared Services Center	4400 Emperor Blvd, Chapel Hill, NC 27514	919-957-6900	866-511-0334
Walgreens Retail Locations	<a href="#">Walgreens NC Stores by City</a>		
APP Walgreens Location	See APP Pharmacy Network List (Appendix B)		

*\*Specialty Mail Order Pharmacies; prescriptions filled at these locations must be delivered by mail.*

SPAP and ICAP clients can fill prescriptions at any of the pharmacies above, provided that the pharmacy chosen is included in the client's primary insurance plan's (Medicare Prescription Drug Plan, Medicare Advantage Plan, or Qualified Health Plan) pharmacy network.

SPAP and ICAP clients must:

- confirm the pharmacy is in their primary plan's (Medicare Prescription Drug Plan, Medicare Advantage Plan, or Qualified Health Plan) pharmacy network,
- make arrangements in advance with the pharmacy,
- provide their primary insurance plan's (Medicare Prescription Drug Plan, Medicare Advantage Plan, or Qualified Health Plan) insurance card to the pharmacist, and

- provide their SPAP or ICAP Supplemental Prescription Benefits Card from Ramsell to the pharmacist.
- Pharmacists should contact Ramsell at 1-888-311-7632 if they have any questions about adjudicating claims.

### ***Appendix D - APP Formulary***

If available, generic medications are dispensed. The brand names listed below are neither recommended nor required.

#### **Antiretroviral Medications- Brand (Generic):**

Aptivus (Tipranavir)	Prezista (Darunavir)
Atripla (Efavirenz, Emtricitabine, Tenofovir)	Prezcobix (Cobicistat, Darunavir)
Combivir (Lamivudine, Zidovudine)	Rescriptor (Delavirdine)
Complera (Emtricitabine, Rilpivirine, Tenofovir)	Retrovir (Zidovudine)
Crixivan (Indinavir)	Reyataz (Atazanavir Sulfate)
Descovy (Emtricitabine, Tenofovir Alafenamide)	Selzentry (Maraviroc)
Edurant (Rilpivirine)	Stribild (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir)
Emtriva (Emtricitabine)	Sustiva (Efavirenz)
Epivir (Lamivudine 3TC)	Tivicay (Dolutegravir)
Epzicom (Abacavir, Lamivudine)	Triumeq (Abacavir, Dolutegravir, Lamivudine)
Evotaz (Cobicistat, Atazanavir)	Trizivir (Abacavir, Lamivudine, Zidovudine)
Fuzeon (Enfuvirtide)	Truvada (Emtricitabine, Tenofovir)
Genvoya (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir Alafenamide)	Tybost (Cobicistat)
Intelence (Etravirine)	Videx (Didanosine ddi)
Invirase (Saquinavir)	Viracept (Nelfinavir)
Isentress (Raltegravir)	Viramune, Viramune XR (Nevirapine)
Kaletra (Lopinavir, Ritonavir)	Viread (Tenofovir)
Lexiva (Fosamprenavir)	Vitekta (Elvitegravir)
Norvir (Ritonavir)	Zerit (Stavudine d4T)
Odefsey (Emtricitabine, Rilpivirine, Tenofovir Alafenamide)	Ziagen (Abacavir)

#### **Antibiotics- Brand (Generic):**

Amoxil (Amoxicillin)	Doryx, Vibramycin, Vibra-Tabs (Doxycycline hyclate)
Augmentin (Amoxicillin, Clavulanic acid)	Flagyl (Metronidazole)
Avelox B (Moxifloxacin)	Humatin (Paromomycin)
Bactrim, Cotrim, Septra, Sulfatrim (Sulfadiazine Sulfamethoxazole/trimethoprim)	Keflex (Cephalexin Monohydrate)
Biaxin (Clarithromycin)	Levaquin (Levofloxacin)
Bicillin LA (Penicillin G Benzathine)	Mepron (Atovaquone)
Cipro (Ciprofloxacin)	Minocin, Dynacin (Minocycline)
Ciprodex (Ciprofloxacin, Dexamethasone)	NebuPent, Pentam (Pentamidine)
Cleocin (Clindamycin)	Primaquine (Primaquine)

Dapsone (Dapsone, DDS)	Veetids, V-Cillin-K (Penicillin VK)
Daraprim (Pyrimethamine)	Zithromax (Azithromycin)

### **Anticholesterol- Brand (Generic):**

Crestor (Rosuvastatin)	Pravachol (Pravastatin)
Lipitor (Atorvastatin Calcium)	Tricor, Lofibra (Fenofibrate)
Lopid (Gemfibrozil)	Trilipix (Fenofibric Acid)
Mevacor, Altoprev (Lovastatin)	Zetia (Ezetimibe)

### **Anticonvulsants- Brand (Generic):**

Depakote (Divalproex)	Lyrica (Pregabalin)
Dilantin (Phenytoin)	Neurontin (Gabapentin)
Keppra (Levetiracetam)	Carbatrol, Tegretol (Carbamazepine)
Luminal (Phenobarbital)	

### **Antidiabetic- Brand (Generic):**

Glipizide	Glucophage, Glumetza, Riomet (Metformin)
Glipizide/Metformin	

### **Antidiarrheals- Brand (Generic):**

Imodium (Loperamide)	Lomotil (Diphenoxylate w/tropine)
Fulyzaq (Crofelemer)	

### **Antiemetics- Brand (Generic):**

Compazine (Prochlorperazine)	Reglan (Metoclopramide)
Phenergan (Promethazine)	Zofran (Ondansetron Hydrochloride)

### **Antifungals- Brand (Generic):**

Ancobon (Flucytosine)	Mycostatin, Nilstat (Nystatin)
Diflucan (Fluconazole)	Nizoral (Ketoconazole)
Fungizone (Amphotericin B)	Onmel, Sporanox (Itraconazole)
Canesten, Lotrimin, Mycelex (Clotrimazole)	

### **Antihypertensives- Brand (Generic):**

Azor (Amlodipine/Olmesartan)	HCTZ (Hydrochlorothiazide)
Benicar (Olmesartan),	Lopressor, Toprol (Metoprolol)
Benicar HCT (Olmesartan/HCTZ)	Lotensin (Benazepril)
Calan, Isoptin (Verapamil)	Norvasc (Amlodipine)
Catapres (Clonidine)	Tenormin (Atenolol)
Diovan (Valsartan)	Tribenzor (Amlodipine/Olmesartan/HCTZ)
Diovan HCT (Valsartan/HCTZ)	Prinzide, Zestoretic (Lisinopril HCTZ)

Exforge (Amlodipine/Valsartan)	Vasotec (Enalapril Maleate)
Exforge HCT (Amlodipine/Valsartan/HCTZ)	Zestril, Prinivil (Lisinopril)

### **Antineoplastics- Brand (Generic):**

Hydrea (Hydroxyurea)	Wellcovorin (Leucovorin)
Megace (Megestrol)	

### **Antituberculosis- Brand (Generic):**

Myambutol (Ethambutol)	Rifadin, Rimactane (Rifampin)
Mycobutin (Rifabutin)	Tebrazid (Pyrazinamide)
Nydrazid (Isoniazid, INH)	

### **Antivirals- Brand (Generic):**

Baraclude (Entecavir)	Pegasys (Peginterferon alfa 2a)
Copegus, Virazole, Rebetol (Ribavirin)	Peg-Intron (Peginterferon alfa 2b)
Cytovene (Ganciclovir)	Tamiflu (Oseltamivir Phosphate)
Famvir (Famciclovir)	Valtrex (Valacyclovir)
Foscavir (Foscarnet)	Valcyte (Valganciclovir)
Hepsera (Adefovir)	Vistide (Cidofovir)
Infergen (Interferon Alfacon-1)	Zovirax (Acyclovir)
Intron A (Interferon Alfa-2a)	

### **Digestive Enzymes- Brand (Generic):**

Creon (Pancrelipase)	
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### **Gastrointestinal Agents - Brand (Generic):**

Marinol (Dronabinol)	Prevpac
Pepcid (Famotidine)	Prilosec (Omeprazole)
Prevacid (Lansoprazole)	Zantac (Ranitidine HCL)

### **Hematological Agents- Brand (Generic):**

Epogen, Procrit (Erythropoietin)	Neupogen (Filgrastim)
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### **Miscellaneous- Brand (Generic):**

Androgel, Androderm, Testim (Testosterone)	Premarin
Estradiol	Aldactone (Spironolactone)
Chantix B (Varenicline)	

### **Psychotropics- Brand (Generic):**

Aventyl, Pamelor (Nortriptyline)	Paxil (Paroxetine)
BuSpar (Buspirone)	Prozac (Fluoxetine)

Celexa (Citalopram Hydrobromide)	Remeron (Mirtazapine)
Cymbalta (Duloxetine)	Risperdal (Risperidone)
Desyrel, Oleptro (Trazodone)	Sinequan (Doxepin)
Effexor, Effexor XR (Venlafaxine)	Forfivo XL, Wellbutrin (Bupropion HCL)
Elavil (Amitriptyline)	Zoloft (Sertraline)
Lexapro (Escitalopram)	Zyprexa (Olanzapine)

**Steroids- Brand (Generic):**

Deltasone (Prednisone)	Decadron (Dexamethasone)
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**Topical Agents- Brand (Generic):**

Aldara, Zyclara (Imiquimod)	
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**Uricosuric Agents- Brand (Generic):**

Probenecid (Probenecid)	
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**Vaccines:**

Influenza Vaccine: Fluarix, Fluvirin, Fluzone*
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\*The influenza vaccine cannot be shipped to clients or clinicians; it must be administered at one of the APP Pharmacy Network Locations listed in Appendix B.

### ***Appendix E - SPAP & ICAP Formulary***

The SPAP and ICAP formulary follow the primary insurance plan. As a secondary payer, SPAP and ICAP will pay all out of pocket costs for any pharmacy claim allowed by the primary insurance plan (Medicare Prescription Drug Plan, Medicare Advantage Plan, or Qualified Health Plan).

### ***Appendix F – Federal Poverty Level***

<b>Family Size/Federal Poverty Guidelines</b>									
	1	2	3	4	5	6	7	8	Each Additional Person
100%	\$12,060	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320	\$4,180
125%	\$15,075	\$20,300	\$25,525	\$30,750	\$35,975	\$41,200	\$46,425	\$51,650	\$5,225
150%	\$18,090	\$24,360	\$30,630	\$36,900	\$43,170	\$49,440	\$55,710	\$61,980	\$6,270
200%	\$24,120	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640	\$8,360
250%	\$30,150	\$40,600	\$51,050	\$61,500	\$71,950	\$82,400	\$92,850	\$103,300	\$10,450
300%	\$36,180	\$48,720	\$61,260	\$73,800	\$86,340	\$98,880	\$111,420	\$123,960	\$12,540

*SOURCE: Federal Register, January 31, 2017*

## ***Appendix G- HRSA/HAB Requirement to Vigorously Pursue other Sources of Health Coverage***

According to Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act, Ryan White (RW) funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made...” by another payment source. RW grantees and sub grantees must make reasonable efforts to secure non-RW funds whenever possible for services to individual clients. As implementation of the Affordable Care Act continues and states address Medicaid expansion, HRSA/HAB has clarified several policies related to the RW program as a “Payer of Last Resort” and the need for RW grantees and sub grantees to vigorously pursue other sources of health coverage to ensure that RW funds are used in accordance with HRSA/HAB regulations and to extend finite RW grant resources to new clients and/or needed services.

As outlined in HRSA/HAB Policy Clarification Notices 1301 to 1401, HRSA/HAB expects RW grantees and sub grantees to:

- Vigorously pursue Medicaid enrollment for individuals who are likely to be eligible for Medicaid.
- Seek payment from Medicaid when they provide a Medicaid covered service for Medicaid beneficiaries.
- Back-bill Medicaid for RW funded services provided for all Medicaid eligible clients upon determination of Medicaid eligibility.
- Vigorously pursue enrollment into health care coverage for individuals who may be eligible for Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance.
- Ensure eligible uninsured RW clients expeditiously enroll in private health insurance plans whenever possible, and inform clients about any consequences for not enrolling (specifically related to penalties).
- If a client misses the open enrollment period and does not qualify for a special enrollment period, make every reasonable effort to ensure the client enrolls into a private health plan upon the next open enrollment period.
- If a client misses the open enrollment period and qualifies for a special enrollment period, make every effort to ensure the client enrolls in a private health plan before the special enrollment period closes.
- Recertify client eligibility at least every six months, including verification of other health coverage (e.g., Medicaid, Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.).
- Collect and maintain documentation verifying client eligibility for other health coverage or a certificate of exemption from the Marketplace, IRS or other applicable entity.



- If a grantee or sub grantee is using RW funds to assist with insurance premiums, reconcile advance premium tax credits with the client and/or the IRS after they file their taxes for the year they received insurance premium assistance.

Not all RW clients will be eligible for other sources of health coverage. RW clients who obtain a certificate of exemption may continue to receive RW services. When a RW client is insured, RW funds may only be used to pay for RW services not covered or partially covered by a RW client's private health plan. RW will continue to be the payer of last resort and will continue to provide those RW services not covered, or partially covered, by public or private health insurance.

HRSA/HAB requires grantees to:

- Maintain policies regarding the required process for the pursuit of enrollment for all clients.
- Document the steps during their pursuit of enrollment for all clients.
- Establish stronger monitoring and enforcement of sub grantee processes to ensure that clients are enrolled in coverage options for which they qualify.
- If after extensive documented efforts on the part of the grantee, the client remains unenrolled in health coverage, the client may continue to receive services through RW.

Sub grantees that use RW funds to purchase insurance must determine how to operationalize the health insurance premium and/or cost-sharing assistance program, including the methodology used to: (1) assure they are buying health insurance that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS, as well as appropriate primary care services; and (2) assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate primary care services.

#### NC Ryan White Part B/ADAP Policy

Documentation that a sub-grantee has vigorously pursued other health coverage includes copies of or notes in the client's chart about:

- Screening for coverage eligibility for other health coverage.
- Proof that the client is not eligible to obtain other health coverage (including but not limited to proof of an exemption).
- Detailed efforts to educate the client about other health coverage options (including Medicaid, Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.)
- Informational letters, brochures or other materials provided to the client to educate about other health coverage options.
- Client's acknowledgement of education and their decision about enrollment.
- Detailed efforts to enroll/apply or referral for assistance with enrollment/applications for other health coverage options (including Medicaid,

Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.)

- Details and calculations that document the client cannot afford other health coverage available, which may include affordability of co-payments or deductibles.

Clients should be regularly screened (during the semi-annual eligibility recertification process) for eligibility for other types of health coverage (or any other alternative payment source). All clients must be counseled about all possible health coverage available and the consequences (including possible penalties and financial impact) for not applying/pursuing health coverage. These penalties may also include possible future denial of access to RW funded services should HRSA/HAB institute such requirements.

RW coordination with other coverage sources could be a significant improvement for clients and their families, as it could provide for more covered services than the RW program currently provides. In addition, moving individuals onto other health coverage sources may enable RW providers to serve HIV-positive individuals that they otherwise would not have the resources to assist.

This Policy Statement will be updated as additional information and requirements are made available by HRSA/HAB.